

MINNESOTA WING CIVIL AIR PATROL
APPLICATION FORM FOR CAP MOTOR VEHICLE OPERATOR IDENTIFICATION CARD

NAME:	STREET ADDRESS:	CITY:	STATE:	ZIP:
CAP SN:	STATUS: <input type="checkbox"/> Senior <input type="checkbox"/> Cadet	HOME PHONE:	WORK PHONE:	

CHECK INDIVIDUAL VEHICLES REQUESTED

CLASS C GENERAL PURPOSE <input type="checkbox"/> SEDANS <input type="checkbox"/> PICKUP TRUCKS <input type="checkbox"/> STATION WAGONS	CLASS C SPECIAL PURPOSE* <input type="checkbox"/> FOUR WHEEL DRIVE VEHICLES <input type="checkbox"/> VANS
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1. CLASS C SPECIAL PURPOSE VEHICLES REQUIRE A LOCAL CHECK RIDE FOR EACH VEHICLE TYPE.
2. DRIVERS MUST BE LICENSED IN CLASS OF VEHICLE AND COMPLY WITH MINNESOTA STATE DRIVING STATUTES.

DOCUMENTATION

I HAVE ATTACHED A COPY OF MY MEMBERSHIP CARD, A LEGIBLE COPY OR IMPRINT OF MY DRIVER'S LICENSE AND A COPY OF MY DRIVER'S HISTORY THAT I OBTAINED FROM A LAW ENFORCEMENT AGENCY. (IF CITATIONS OR ACCIDENTS HAVE OCCURRED IN OTHER STATES IN THE PAST FOUR YEARS, A COPY OF DRIVER'S HISTORY FROM EACH APPROPRIATE STATE MUST ALSO BE ATTACHED.)

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND I HAVE MET ALL REQUIREMENTS FOR AN OPERATOR IDENTIFICATION CARD.

SIGNATURE OF APPLICANT

DATE

PARENTAL APPROVAL (TO BE COMPLETED IF APPLICANT IS UNDER 21 YEARS OLD)

I PERMIT MY SON/DAUGHTER TO OPERATE CIVIL AIR PATROL VEHICLES.

SIGNATURE OF PARENT

DATE

UNIT COMMANDER

I CERTIFY THAT THIS INDIVIDUAL HAS RECEIVED INSTRUCTION IN CAP VEHICLE OPERATION, HAS DEMONSTRATED UNDER SUPERVISION THAT HE/SHE IS QUALIFIED TO OPERATE THE VEHICLES AS REQUESTED ABOVE AND THIS APPLICATION HAS MY APPROVAL.

SIGNATURE OF UNIT COMMANDER

DATE

WING USE ONLY

SIGNATURE OF WING TRANSPORTATION OFFICER

DATE

CAP MOTOR VEHICLE ID CARD ISSUED ON: _____ EXPIRATION DATE: _____